



Public Employees' Retirement System Teachers' Retirement System

Division of Retirement and Benefits

P.O. Box 110203

Juneau, Alaska 99811-0203

Phone: Juneau—(907) 465-4460

FAX: (907) 465-3086 or TDD: (907) 465-2805

Physician's Statement of Continuing Disability

Applicant: You are responsible for the completion of this form without expense to the Retirement System. You or your physician may mail this form directly to the Division of Retirement and Benefits.	
Physician: The purpose of this statement is to provide sufficient medical evidence to assist the administrator of the retirement system in determining if an incapacitating disability continues to exist which prevents this individual from performing the former job duties or the duties for which the person is qualified by training and education.	
Patient's Name	
HISTORY	1. Details of clinical course during interval since _____.
TREATMENT	1. Current treatment: 2. Degree of relief obtained: 3. Has patient's functional capacity changed since the above date?
EXAMINATION	1. Current physical findings: 2. Diagnostic tests and procedures: 3. Results of consultations, if any, and date obtained: 4. Diagnosis:
PROGNOSIS	1. Do you expect the patient to improve on the current treatment to the extent that work can be performed in the future, and if so, when do you expect this improvement? 2. Are there any treatment modalities planned for the future which may improve the condition to the extent that a return to former work situation may be anticipated? Please specify. 3. At what % of disability would you rate this patient?
Name of Physician (please print) _____ Speciality _____	
Signature _____ Date _____ Telephone () _____	
Mailing Address _____ City _____ State _____ ZIP _____	